

Name
in
Full

Henry Andre

CERTIFICATE OF DEATH

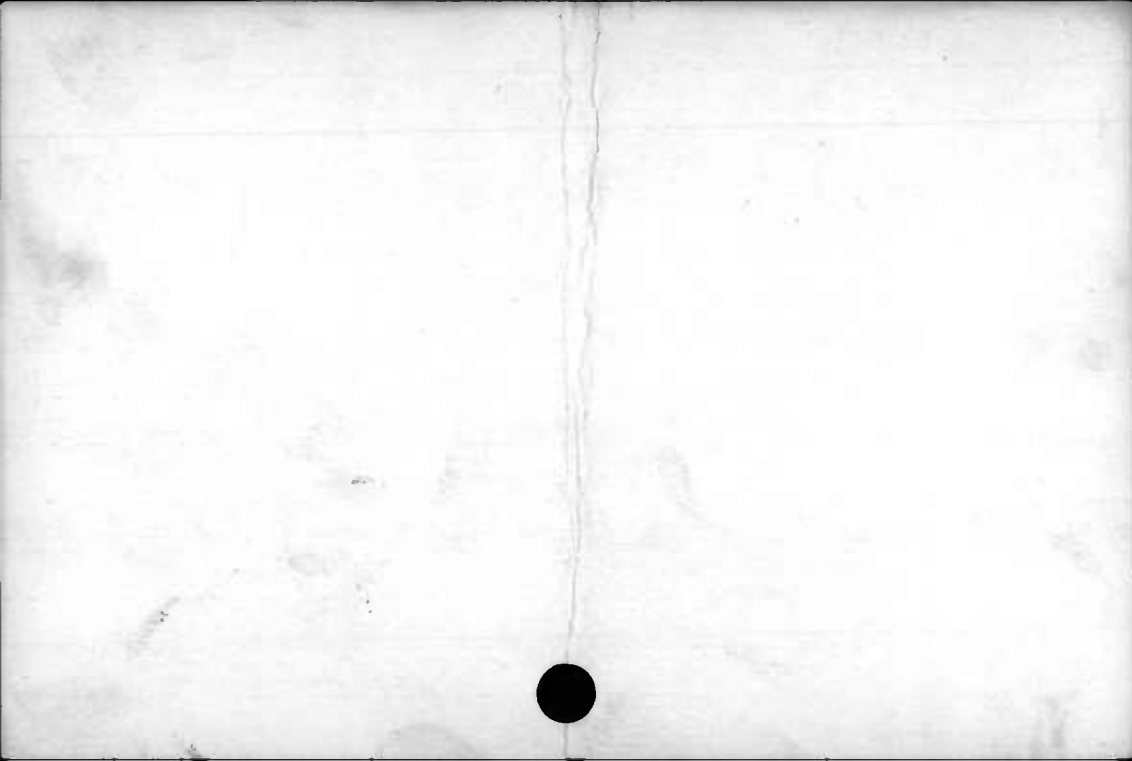
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Camp Springs</u> ^{Town}		<u>Pr Geo. Md</u> ^{County}		MARYLAND	
Date of death 1903	Month <u>2</u>	Day <u>19</u>	Age <u>66</u> ^{Years}	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Easter Shore. Va</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Farmer</u>		
Name of Wife or Husband <u>Louisa Grimes Andre</u>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <u>Edith E. White</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Atheromatous Stenosis</u>	How long <u>Ten years</u>
Immediate <u>Cerebral Hemorrhage</u>	How long <u>Six hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. L. Simpson M.D.</u>
	Address <u>Rosecroft Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Francis H. Andrews (Andrews)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Huntown</u> ^{Town}		<u>P. G. Co</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Feb</u>	Day <u>19</u>	Years <u>68</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband <u>— James</u>					
Father's Name <u>Unknown</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>Dr. Simpson</u>			How related to deceased <u>Niece</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Hemorrhage of brain</u>	How long <u>W</u>
Immediate <u>Asthma</u>	How long <u>6 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John L. Harris</u>
	Address <u>Chambers</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

William Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Hyattsville		Prince George		MARYLAND			
Date		Month	Day	Years	Months	Days			
of death 190		3	Feb.	23	Age	70	6	18	
Sex		Male		Color or Race		White		Birth-place	Phila. Pa.
Married, Single or Widowed		Single		Occupation		None			
Name of Wife or Husband		Lydia Barnes (deceased)							
Father's Name		Lot Barnes				Father's Birthplace			Montgomery Co Pa.
Mother's Maiden Name		Mary Barnes				Mother's Birthplace			
Name of person giving information		Elizabeth Barnes				How related to deceased			Daughter

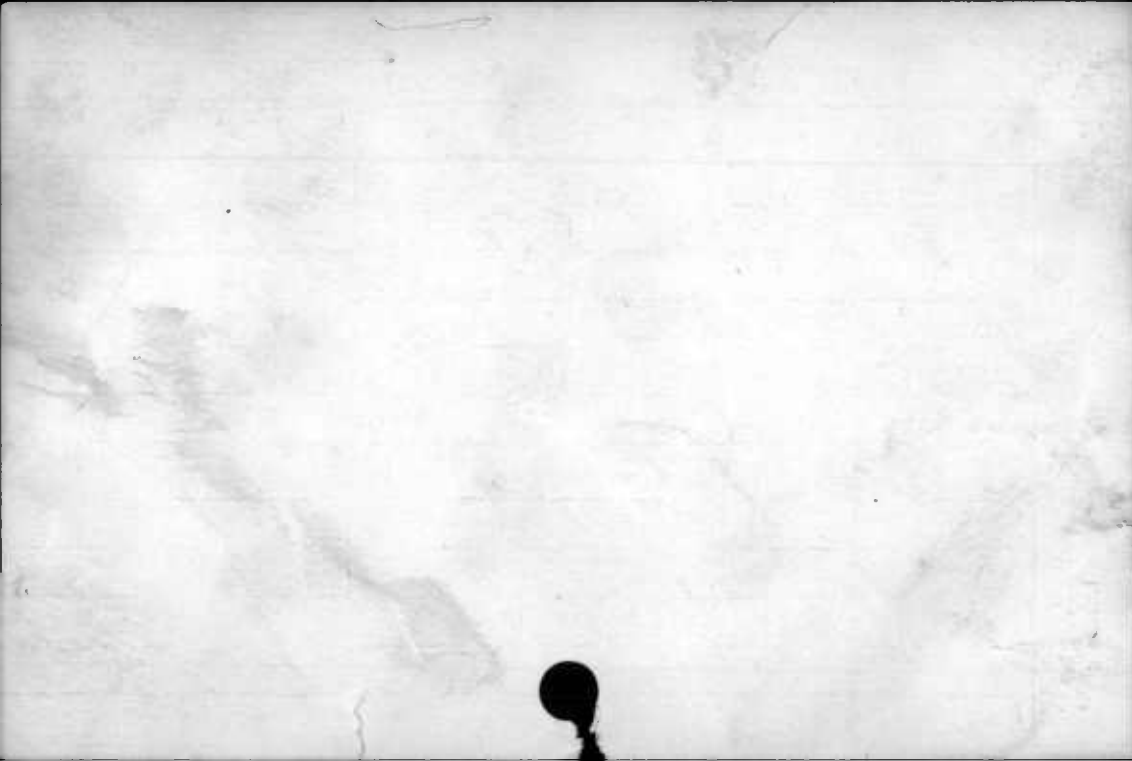
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cardiac Asthma 79		How long	Six Months
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Chas. A. Bell
			Address	Hyattsville Md
Accident or Suicide?				



Name in Full		Matthew Beall				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>our Mother's Home</i>		Town <i>Pg</i>		County		
		Date of death 1903		Month <i>Feb</i>	Day <i>24</i>	Years <i>75-</i>	Months	Days
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place		
		Married, Single & Widowed		Occupation <i>Housewife</i>				
		Name of Wife or Husband <i>George Beall</i>						
		Father's Name					Father's Birthplace	
		Mother's Maiden Name					Mother's Birthplace	
		Name of person giving information <i>79</i>					How related to deceased	
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Tubercular disease of the heart</i>				How long <i>nearly one year</i>		
		Immediate <i>Heart failure</i>				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>J. M. Overall M.D.</i>		
						Address <i>Springfield Ind.</i>		
		Accident or Suicide?						



Name In Full

Certificate of Death

Charles Bander

Town

County

MARYLAND

Died at

Riverdall

Prince Georges

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

Feb

3

Age

about 65 yrs

U.S.

Retired Baker

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of Mrs Chas Bander

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Paralysis

66

How long sick

2 weeks

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

J. S. P. M.

Address

Hyattsville

MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008



Name

in
Full

John A. Brady.

CERTIFICATE OF DEATH

MARYLAND

Died at

Jonsville

Prince Georges

Date

of death 1903

Month

July

Day

27

Age

80

Months

—

Days

—

Sex

Male

Color or
Race

white

Birth-
place

Md

Married, Single
or Widowed

Married

Occupation

Farmer

Name of Wife

Addie V. Brady.

Father's
Name

Father's
Birthplace

Mother's

Maiden Name

Mother's
Birthplace

Name of person giving
information

Addie V Brady

How related
to deceased

wife

CAUSES OF DEATH

Primary

Dilatation Heart

How long

1 year

Immediate

Pulmonary engorgement.

How long

2 days.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

John E. Sanbury

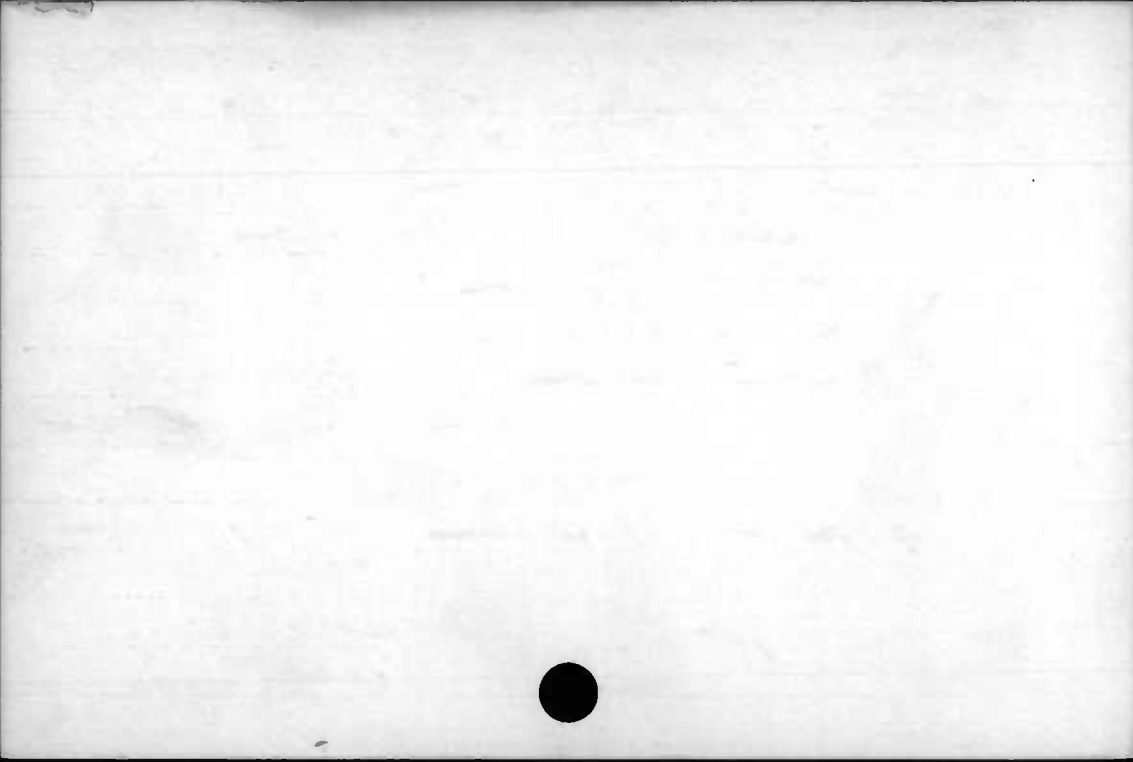
Address

Jonsville
Md.

Accident or Suicide?

neither

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full Thomas Priszore		CERTIFICATE OF DEATH	
Died at home Severna Park ^{Town} Prince Georges ^{County}		MARYLAND	
Date of death 190 3	Month 2	Day 3	Age 30 ^{Years}
Sex Male	Color or Race Colored	Birth-place Charles Co	Months — Days —
Married, Single or Widowed Married	Occupation Labourer		
Name of Wife or Husband Fanny Dyson			
Father's Name Thomas Priszore		Father's Birthplace Charles Co	
Mother's Maiden Name Eliza Maria		Mother's Birthplace Charles Co	
Name of person giving information Sydney Harrison		How related to deceased Mother	
CAUSES OF DEATH			
Primary Pulmonary Tuberculosis		How long 1 year	
Immediate 27		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Harry K. Alley	
		Address Prisataway Md.	
Accident or Suicide?			



Name in Full

Certificate of Death

Died at

MARYLAND

Date

1903

Month

Feb 20

Day

Y.

M.

D.

Age

28

Native of

Md

Occupation

Laborer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's
Name

Michael Cochran

Mother's
Name

Margaret Cochran

Cause of

Primary

Pneumonia

How long sick

20 days

Death

Immediate

Toxemia 93

Accident, Suicide, Homicide

Reported by

W. F. Taylor M.D.

Address

Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Eva M DeVaughn

CERTIFICATE OF DEATH

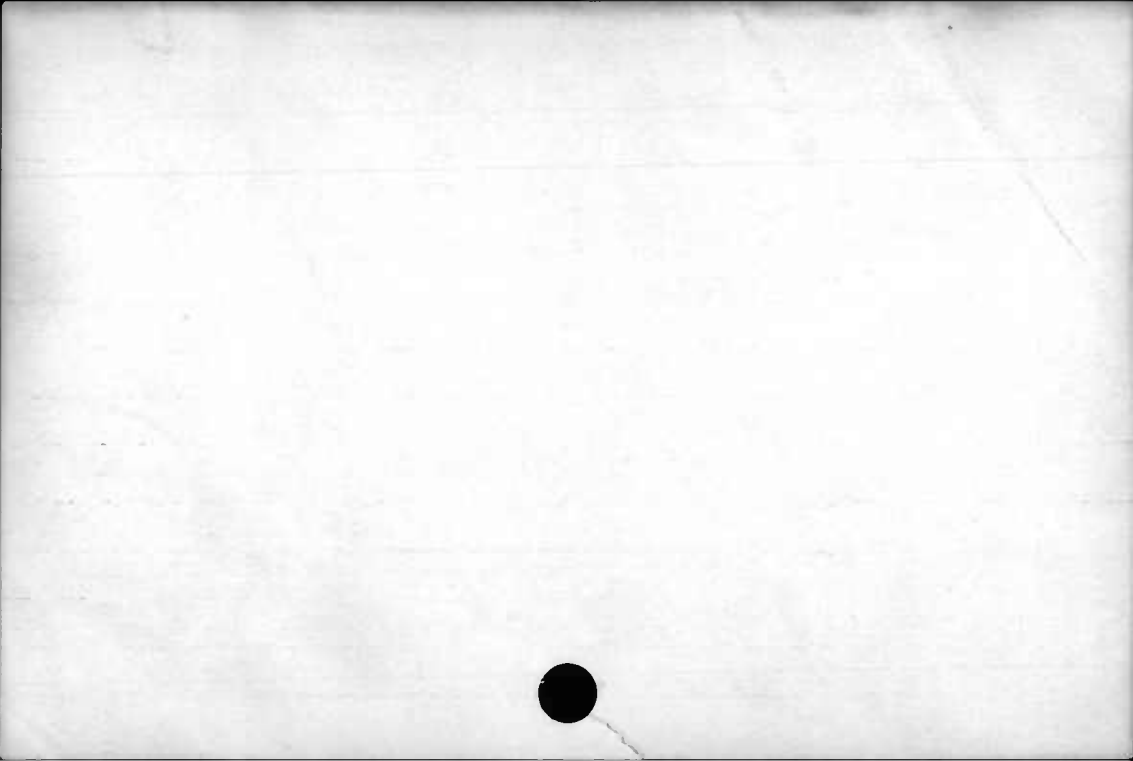
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Silver Hill</i> Town		<i>Prince Georges</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Feb</i>	Day <i>19</i>	Age <i>1</i>	Years <i>10</i>	Months <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Olie DeVaughn</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Eva Ridgeway</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Olie DeVaughn</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Grippe</i>	How long <i>6 days</i>
<i>Pneumonia</i>	How long <i>8 "</i>
Immediate <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Clausen</i>
	Address <i>Forrestville</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Died at

Date 1903

Male

~~Female~~

Town

Month

Day

Y.

M.

D.

Native of

Occupation

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Number of children living one

How long sick

~~Accident, Suicide, Homicide~~

LIBRARY BUREAU, 79898



Name
in
Full

Sydney Thomas Dyson

CERTIFICATE OF DEATH

MARYLAND

Died at *Home* *Harrods* ^{Town}*Prince Georges* ^{County}

Date

of death 190 *3*

Month

2

Day

16

Age

Years

48

Months

9

Days

Sex

*Male*Color or
Race*Coloured*Birth-
place*—*Married, Single
or Widowed*Married*

Occupation

*Farmer*Name of Wife or
Husband*Sophia Gilbert*Father's
Name*Reuben Dyson*Father's
Birthplace*—*Mother's
Maiden Name*Elizabeth Lyles*Mother's
Birthplace*—*Name of person giving
information*Sophia Dyson*How related
to deceased*wife*

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

3 mos -

Immediate

27

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Harry H. Alley*

Address

Potomac

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Daniel Gantt
 Town County
 Died at Odont Hill Prince Georges County MARYLAND
 Date 1903 Feb 26 Age 5 days Native of Maryland Occupation
 Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living ~~Three~~
 Husband ~~Alison B. Gantt~~
 Wife ~~Alison B. Gantt~~
 Father's Name Nelson B. Gantt Mother's Name Elizabeth Gantt
 Cause of Death { Primary Feb 21 Died 26 How long sick 30 days
 Immediate Accident, Suicide, Homicide

151

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

 J. L. Miller
 LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bladensburg</i>		Town <i>Prince Georges</i>		County		MARYLAND	
Date of death 1903	Month <i>Feb</i>	Day <i>19</i>	Age <i>41</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Va</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Walter</i>						
Name of Wife or Husband <i>Emily Gardner</i>							
Father's Name <i>Don't know</i>				Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>" "</i>				Mother's Birthplace <i>Don't know</i>			
Name of person giving information <i>Wife Emily Gardner</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Val. Disease of Heart & Arteries</i>	How long <i>about 8 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. Richardson</i>
	Address <i>Wigatavice Md</i>
Accident or Suicide?	

F. Edo. Price Geo. Geo.
Blundell

Name
in
Full

Bora Green

CERTIFICATE OF DEATH

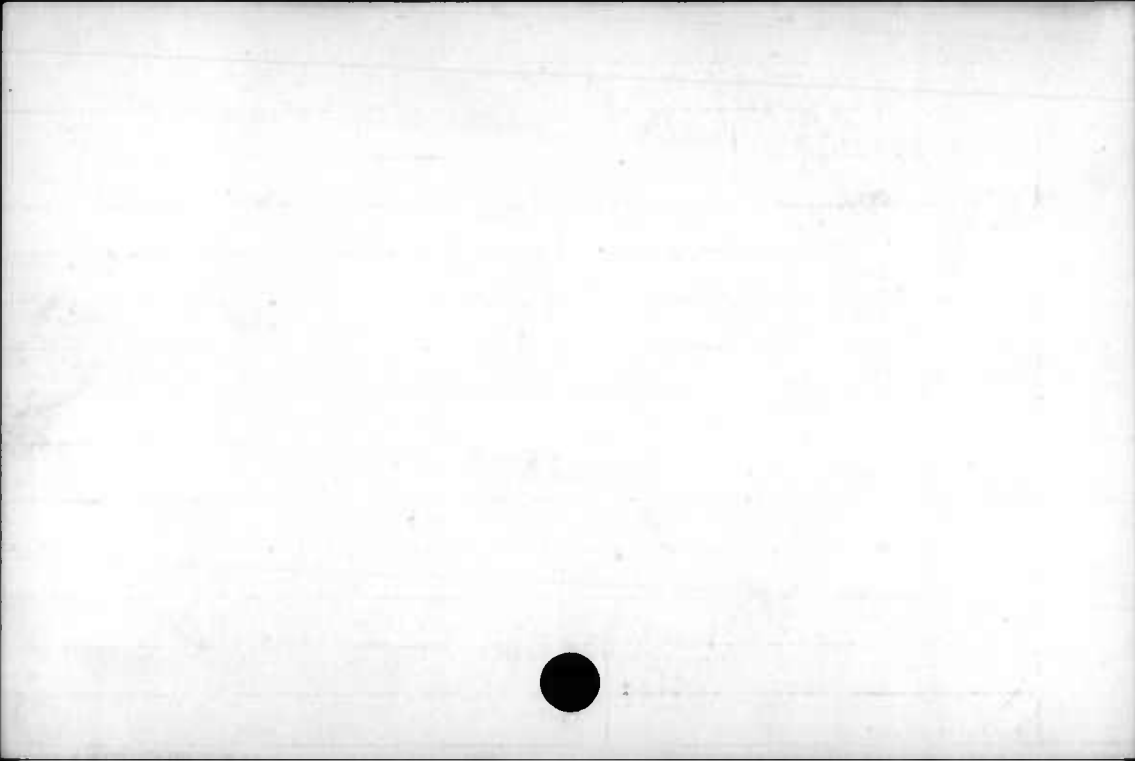
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mellwood</u> ^{Town}		<u>P. G. Co.</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>2</u>	Day <u>28</u>	Age <u>—</u>	Months <u>3</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth- place <u>Mellwood</u>			
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Unknown</u>			Father's Birthplace <u>Doit Know</u>		
Mother's Maiden Name <u>Maggie Green</u>			Mother's Birthplace <u>P. G. Co</u>		
Name of person giving In formation <u>John Green</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Unknown</u>	How long <u>—</u>
Immediate <u>Unknown</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>No physician saw it.</u>
<u>Yes</u>	Address <u>—</u>
Accident or Suicide?	



Name In Full

Certificate of Death

William H Grimes

Town

Cedarville

County

Prince Geo.

MARYLAND

Died at

Date 1903

Month

2

Day

17

Age

Y.

62

M.

D.

Native of

Md

Occupation

Carpenter

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3-

Husband of

Elizabeth Grimes

Father's

Name

Harrison Grimes

Mother's

Maiden Name

M. Cleet

Cause of

Primary

Consumption

How long sick

3 months

Death

Immediate

Ephraim

27

~~Accident, Suicide, Homicide~~

Reported by

John A Coe

Address

213.

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sherriff Road</i>		County <i>Prince Georges</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>1</i>	Age <i>23</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>—</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Laborer</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Elou Belund</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>—</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Samsbury</i>
	Address <i>Forestville Md.</i>
Accident or Suicide? <i>neither</i>	



Name
in
Full

CERTIFICATE OF DEATH

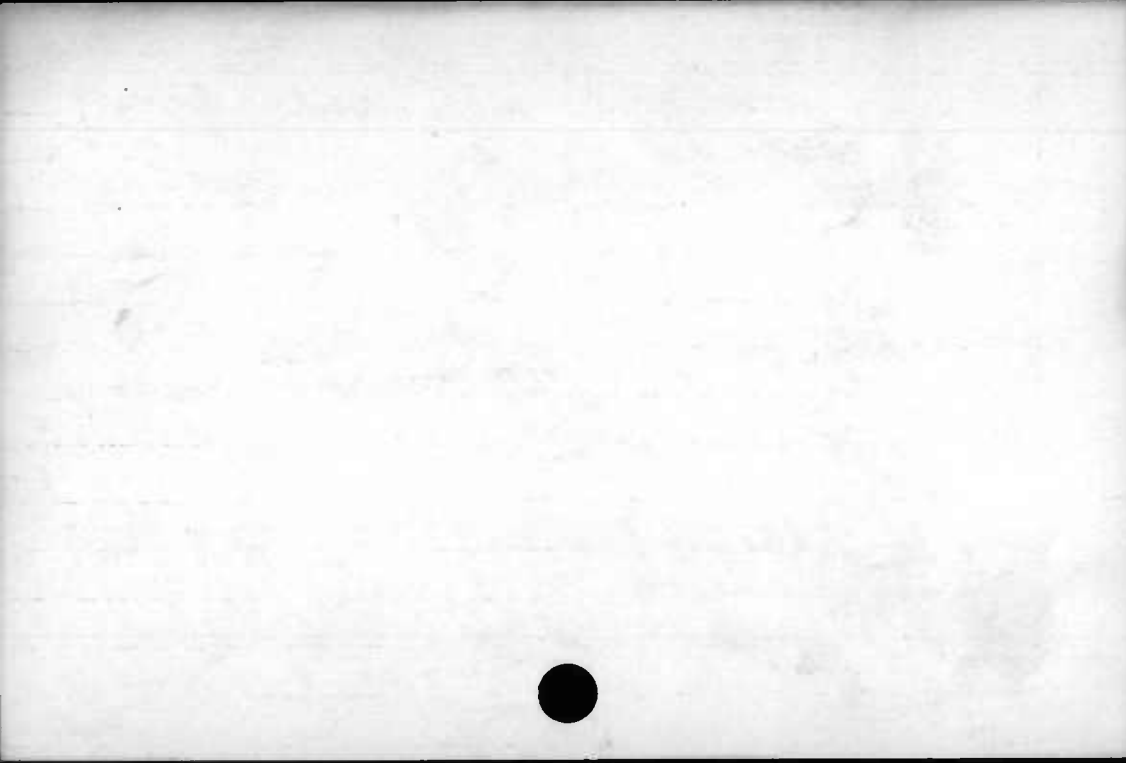
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
James Harrison		Westphalia		Prince Geo's		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 1903	Feb	18	1		1		
Sex	Male		Color or Race	Colored		Birth-place	md
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name			Jacob Harrison		Father's Birthplace	md	
Mother's Maiden Name			Louise Brooks		Mother's Birthplace	md	
Name of person giving information			Jacob Harrison		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	9a	How long
Immediate	Septicemic Crook	How long
Are the name, age, sex, color, date and place correctly given above?	yes	2 days
Signature of Physician		John E. Lambing
Address		Brookville md
Accident or Suicide?		



Name
in
Full

Emma J Harvey

CERTIFICATE OF DEATH

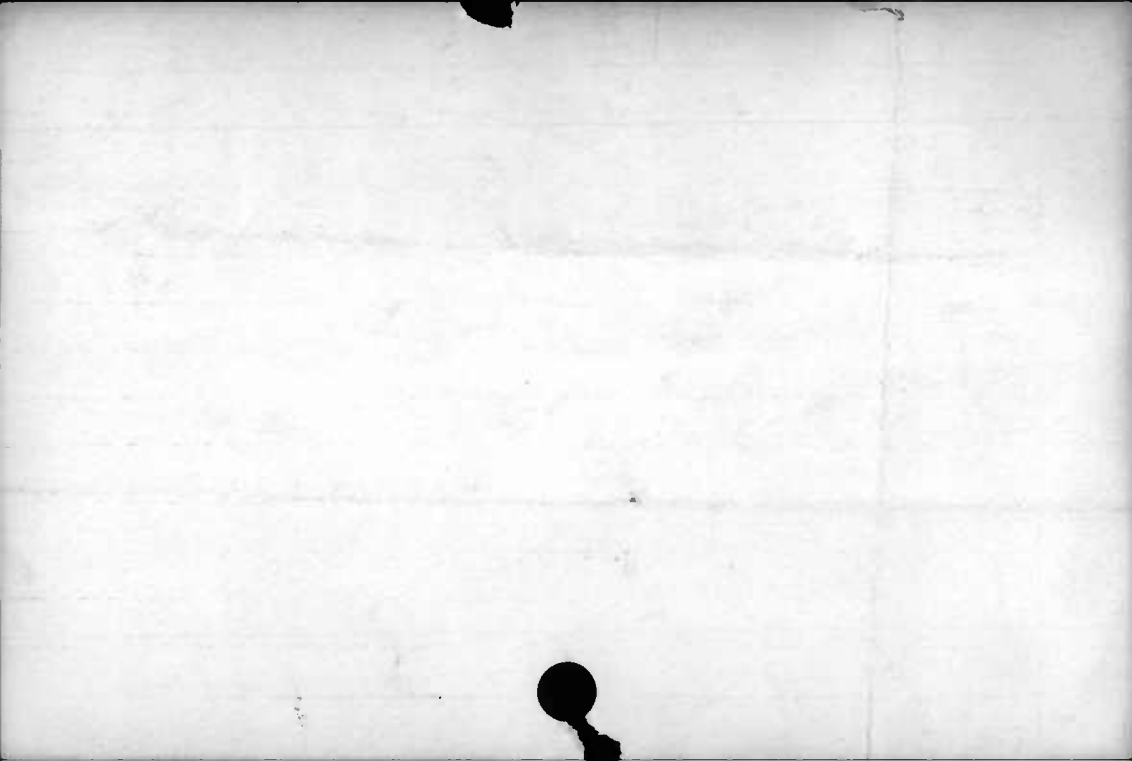
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brentwood</i> ^{Town}		<i>Prince Geo.</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>6</i>	Age <i>60</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>M. D.</i>	
Married, Single <i>Married</i> or Widowed		Occupation <i>House wife</i>			
Name of Wife or Husband <i>Charles W. Harvey - M. D.</i>					
Father's Name <i>Benedict</i>			Father's Birthplace <i>M. D.</i>		
Mother's Maiden Name <i>Elizabeth</i>			Mother's Birthplace <i>M. D.</i>		
Name of person giving information <i>Florence L. Peice</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Val. disease of heart</i>	How long <i>Two years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edw. Richardson</i>
	Address <i>High Street N.Y.</i>
Accident or Suicide?	



Name
in
Full

Sadah Hancock

CERTIFICATE OF DEATH

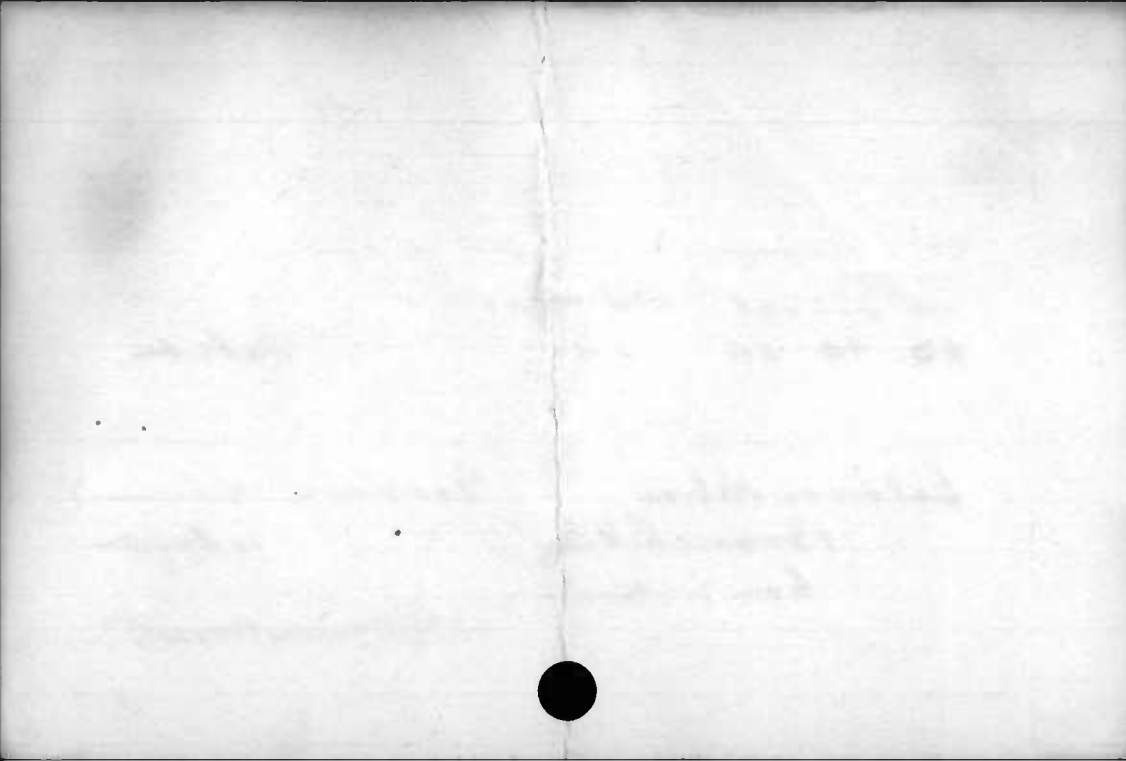
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>ona Collins town</i>		Town		County <i>Prince George</i>		MARYLAND	
Date of death 1903	Month <i>Feb</i>	Day <i>12</i>	Age <i>56</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Anne Arundel Co. Md.</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>House work</i>				
Name of Wife or Husband							
Father's Name <i>Jacob Hancock</i>				Father's Birthplace <i>Prince George Co.</i>			
Mother's Maiden Name <i>Eliza Thomas</i>				Mother's Birthplace <i>Prince George Co.</i>			
Name of person giving information <i>John Hancock</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia of both Lungs</i>	How long	<i>5 days</i>
Immediate	<i>Heart failure</i>	How long	<i>93</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John W. Marshall M.D.</i>	
		Address <i>Springfield Md.</i>	
Accident or Suicide?			



Name In Full

Certificate of Death

Died at

MARYLAND

Date 19

03

Month

Day

Febry 26

Y.

M.

D.

Age

37

Native of

U.S.

Occupation

H. W.

~~Male~~~~White~~

Married

~~Widow~~

Divorced

Female

Colored

~~Single~~~~Widower~~

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Tuberculosis

How long sick

6 mo

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. R. Roberts M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

Baby of Sol. Hebron
Laurel ^{Town} ^{County} Del. Geo

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

03 Feb 24

Age 1 -

Infant

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Salomon Hebron

Georgiana Hebron

Cause of

Primary

Bronchitis

90

How long sick

10 days -

Death

Immediate

Concussion

Accident, Suicide, Homicide

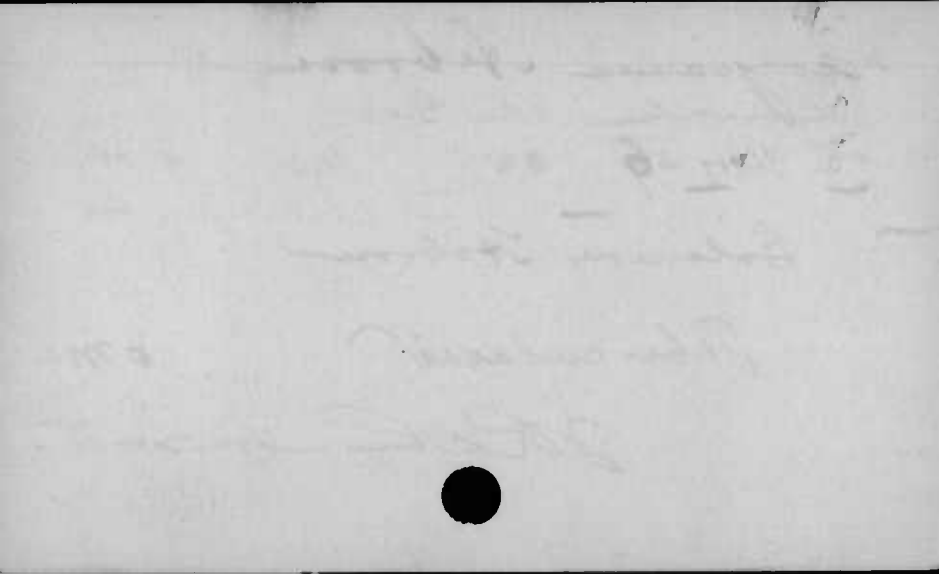
Reported by

J. R. Hebron M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76888



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Halls</u> Town		<u>Prince Geo. Co.</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>February</u>	Day <u>20</u>	Age <u> </u> Years	Months <u> </u>	Days <u>2 weeks</u>
Sex <u>Girl</u>	Color or Race <u>Colored</u>		Birth-place <u>Halls</u>		
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>James Henson</u>			Father's Birthplace <u>Halls</u>		
Mother's Maiden Name <u>Maria Johnson</u>			Mother's Birthplace <u>Halls</u>		
Name of person giving Information <u>James Henson</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary <u>Asthenia</u>	How long <u>2 weeks</u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Maclane Curwood</u>
<u>Yes</u>	Address <u>Halls, Prince Geo. Co., Md.</u>
Accident or Suicide?	



Name
in
Full

Mary A Holland

CERTIFICATE OF DEATH

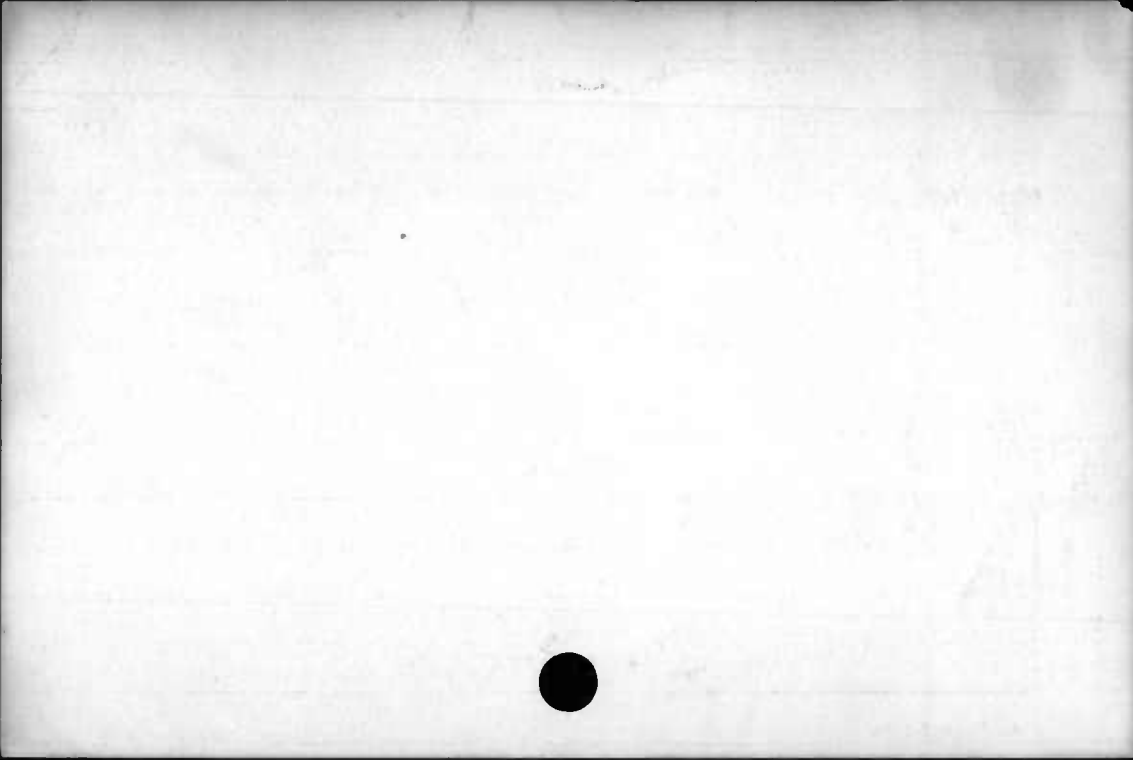
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cheltenham</i> Town		<i>Pt Geo</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>26</i>	Age Years <i>43</i>	Months <i>10</i>	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Lenox Md</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Robert Holland</i>					
Father's Name <i>Unknown</i>		Father's Birthplace			
Mother's Maiden Name <i>Mary Johnson</i>		Mother's Birthplace <i>Pt Geo Co</i>			
Name of person giving information <i>Robert Holland</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Phthisis</i>	How long <i>2 years</i>
Immediate <i>No Physician at time death</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Gibbons M.D.</i>
	Address <i>Lenox Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Amin Jackson

Died at ^{Town} Hallowhar

County An Geo

MARYLAND

Date 1903 ^{Month} July ^{Day} 3 | Age ^{Y.} 23 ^{M.} ^{D.} | Native of md | Occupation Cook

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Asbery Jackson Mother's Maiden Name Marah Hilliam

Cause of Death { Primary Pulmonary Consumption | How long sick 8 months

Death { immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by W. H. Gibbons M.D.

Address Croon md

27

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lora Johnson
 Town County *Prkes*

MARYLAND

Died at *Brandywine*

Date 19 *03* *Feb* *3* - *3* - *md*
 Month Day Y. M. D. Native of Occupation
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name
in
Full

Louis Carl Klein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Bladensburg* Town *Prince Geo.* County

MARYLAND

Date

of death 190 3

Month

Feb

Day

25

Age

Years

Months

Days

Sex

*male*Color or
Race*White*Birth-
place*Maryland*Married, Single
or Widowed*Single*

Occupation

*Miner*Name of Wife or
HusbandFather's
Name*John Klein*Father's
Birthplace*Germany*Mother's
Maiden Name*Pauline Westmeier*Mother's
Birthplace*D.C.*Name of person giving
In formation*John Klein*How related
to deceased*Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

3 days

Immediate

93

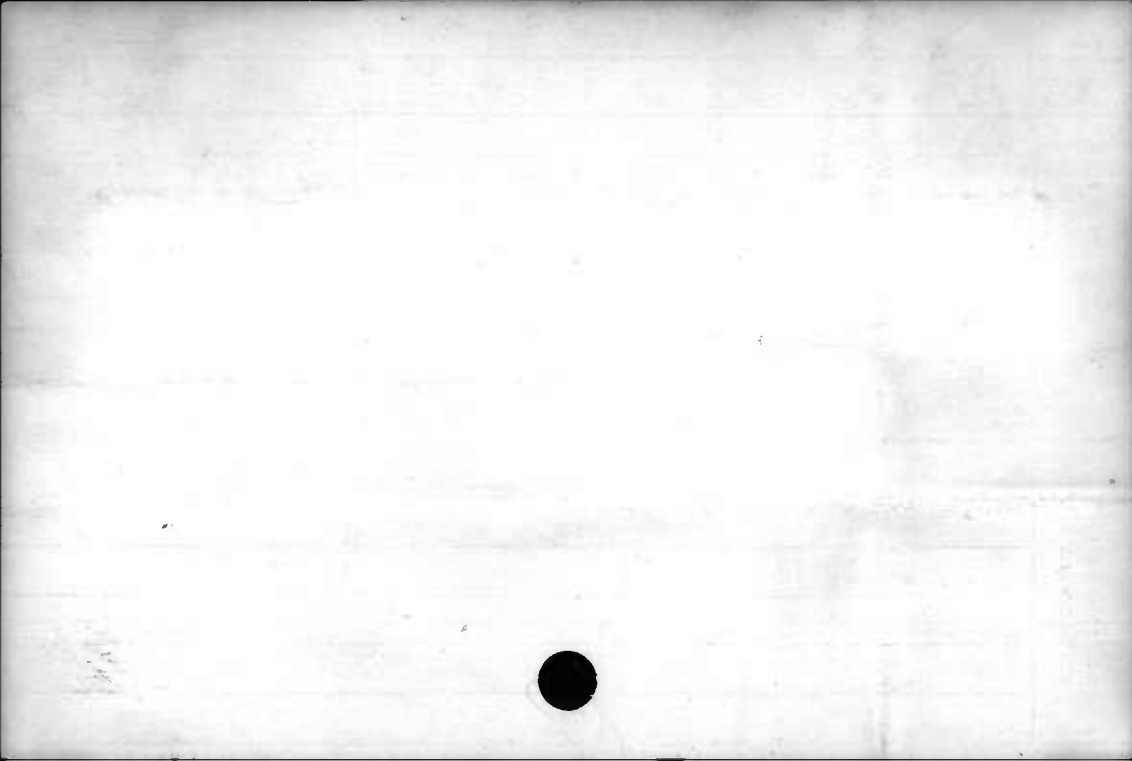
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*L. P. Petter*

Address

Hyattsville Md

Accident or Suicide?



Name In Full

Certificate of Death

Died at

Date 1903

~~Husband~~

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mary L. Lee

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

of

Mother's

Maiden Name

How long sick

Primary

Immediate

~~Accident, Suicide, Homicide~~

by

at



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Aguasca

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Age

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79996



Name in Full *Ellen Pinkney*

Town *Brandywine* County *Prince Georges* MARYLAND

Died at *Brandywine* Month *2* Day *12* Y. *6* M. *-* D. *-* Native of *Brandywine* Occupation

Date 19*03*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☒ Widower ☐ Divorced ☐ Number of children living

Husband of Wife

Father's Name *William Pinkney* Mother's Name *Ida Dent*

Cause of Death { Primary *Measles* Immediate *Congestion of Lungs* } How long sick *5 days* Accident, Suicide, Homicide ☐

Reported by *James Hawkins*

Address *Brandywine Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James Henry Pinkney

Town

County

Died at

Brandywine

Prince Georges

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903.

2 19

Age

12

Md.

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

William Pinkney

Mother's

Maiden Name

Ida Dent

Cause of

Primary

Measles

How long sick

12 days.

Death

Immediate

Pneumonia.

~~Accident, Suicide, Homicide~~

Reported by

Warren Perrie.

Address

Brandywine.

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *William Goster Pinkney*
 Town *Brandywine* County *Prince Georges* MARYLAND
 Died at *Brandywine*
 Date 1903 *2-11* Month *2* Day *11* Y. *8* M. *6* D. *—* Native of *MD* Occupation *—*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *—*

Husband of
Wife

Father's Name *William Pinkney* Mother's Name *Ida Bent*
 Maiden Name *Ida Bent*

Cause of Death *Measles* Primary ☒ Immediate ☐ How long sick *4 days*
 Accident, Suicide, Homicide *6*

Reported by *William Mc Porter*

Address *Brandywine, Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Elizabeth Ellen Proctor*

CERTIFICATE OF DEATH

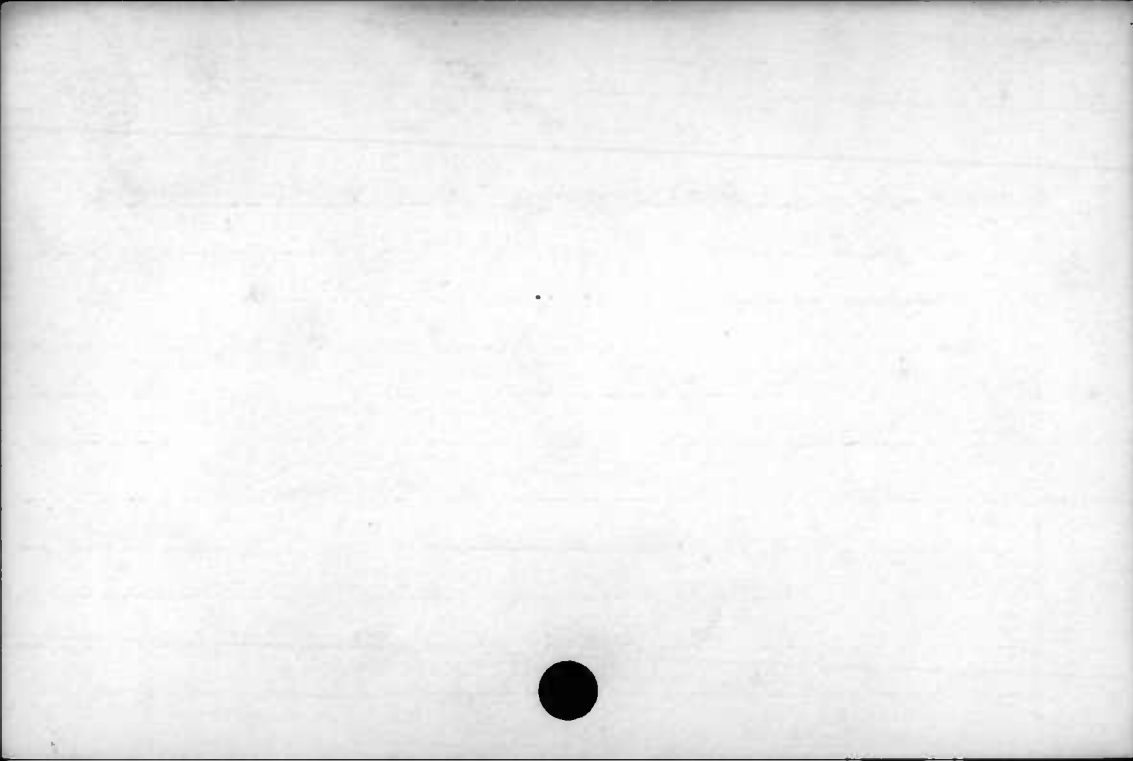
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cedarville</i> <small>Town</small>			<i>Peter</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>2</i>	Day <i>10</i>	Age <i>68</i> <small>Years</small>	Months	Days
Sex <i>female</i>		Color or Race <i>negro</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>Widowed</i>			Occupation <i>Housewife</i>			
Name of Wife or Husband <i>James Hanley</i>						
Father's Name <i>James Hanley</i>				Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Mary Newman</i>				Mother's Birthplace <i>md</i>		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Grippe</i>		How long <i>2 mo</i>
Immediate <i>Heart failure</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John A Cox MD</i>
		Address <i>It's</i>
Accident or Suicide?		<i>md</i>



Name in Full

Certificate of Death

Waller Reese

Town

County

Died at

Murrisk

P.E.

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Name of

Occupation

Date

Feb 6

Age

33

Waller

Laborer

Male

~~White~~~~Married~~

Widow

~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Tuberculosis

How long sick

6 months

Death

Immediate

Aschemia

~~Accident, Suicide, Homicide~~

Reported by

W F Taylor

Address

Laurel Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Mary H. Robinson

Town

Marlboro

County

P. Geo

MARYLAND

Died at

Date

of death 1903

Month

2

Day

12

Years

Age

49

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

P. Geo. Md

Married, Single
or Widowed

Married

Occupation

House wife

Name of Wife or
Husband

William Robinson

Father's
Name

Thornton Holmes

Father's
Birthplace

Caroline Co. Va

Mother's
Maiden Name

Do not know

Mother's
Birthplace

Caroline Co. Va

Name of person giving
Information

E. Hawkins

How related
to deceased

Brother-in-law

CAUSES OF DEATH

Primary

Cancer Intestines 41

How long

Ten months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Reverdy Passer
Upper Marlboro

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Robert Simms

Town

County

Died at

Piscataway

Prince George

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

January 6

Age 68

4

Md

Companion

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

John Simms

Mother's

Maiden Name

Sarah Brown

Cause of

Primary

apoplexy

How long sick

Death

Immediate

6 w

Accident, Suicide, Homicide

Reported by

C. A. Fox

Address

Piscataway

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79038



Name
in
Full

CERTIFICATE OF DEATH

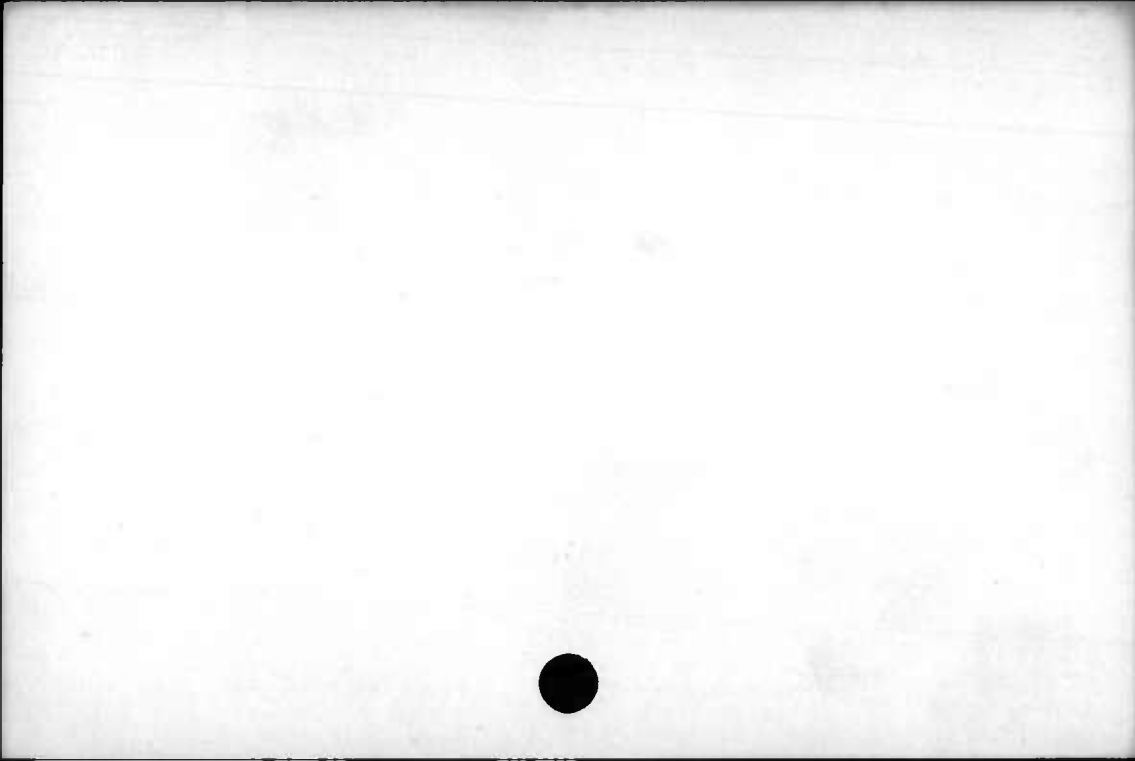
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oxon Hill</i>		Town <i>Pr. Ind</i>		County		MARYLAND	
Date of death 1903	Month <i>Feb.</i>	Day <i>11</i>	Age	Years	Months	Days <i>7</i>	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>George Sims</i>			Father's Birthplace				
Mother's Maiden Name <i>Rosa Sims</i>			Mother's Birthplace				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Spasms</i>	How long
Immediate	How long <i>71</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Lucinda D. Dole</i>
	Address <i>Nurse, Oxon Hill, Ind.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baden</i> Town		<i>Pr Geo</i> County		MARYLAND	
Date of death 1903	Month <i>Feb</i>	Day <i>19</i>	Age <i>84</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Chas Co</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>Midwife</i>		
Name of Wife or Husband <i>Henry Sly</i>					
Father's Name <i>Sam Stewart</i>			Father's Birthplace <i>Chas Co</i>		
Mother's Maiden Name <i>Maggie Stewart</i>			Mother's Birthplace <i>Chas Co</i>		
Name of person giving information <i>John Waller</i>			How related to deceased <i>Grandson</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>2 days</i>
Immediate <i>Cert</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W H Gibbons M D</i>
	Address <i>Levonia Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

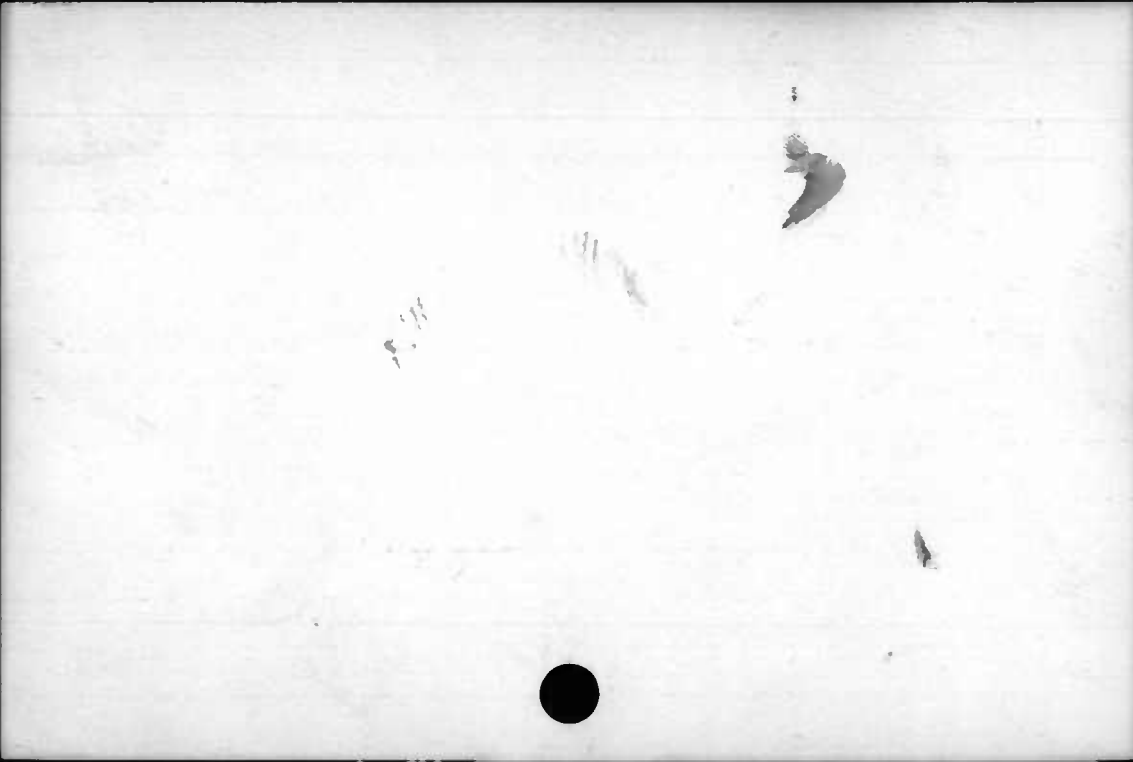
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Swittland</i> Town		<i>Prince Geo's</i> County		MARYLAND		
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>18</i>	Age <i>1</i>	Years <i>1</i>	Months <i>6</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>md.</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>						
Father's Name <i>William Thomas</i>			Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Mary Rosier</i>			Mother's Birthplace <i>md</i>			
Name of person giving information <i>William Thomas</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>not known</i>	How long <i>—</i>
Immediate <i>Heart failure 179</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Sinsbury</i>
	Address <i>Forestville md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Constant Stewart Trevitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laurel</i> <small>Town</small>		<i>Prince George Co</i> <small>County</small>		MARYLAND	
Date of death 1903	Month <i>February</i>	Day <i>2</i>	Years <i>79</i>	Months <i>7</i>	Days <i>28</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>New York</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Clerk</i>			
Name of Wife or Husband <i>Susan Ann</i>					
Father's Name <i>Constant Trevitt</i>			Father's Birthplace <i>New England</i>		
Mother's Maiden Name <i>Louisa</i>			Mother's Birthplace <i>(uninformed)</i>		
Name of person giving information <i>Clarence L. Trevitt</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Abscess</i>	How long <i>24 hours</i>
Immediate <i>let</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address
Accident or Suicide?	



Name in Full

Certificate of Death

Annella Warner

Town

County

Died at

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 19

Age

54

Md

Servant

☒ Male☒ White☒ Married☐ Widow☐ Divorced☐ Female☐ Colored☐ Single☐ Widower

Number of children living

1

Husband

of

Wife

Father's

Name

Luna Warner

Mother's

Name

Jane Warner

Cause of

Primary

Tuberculosis

How long sick

7 months

Death

Immediate

Aschemia

☐ Accident, ☐ Suicide, ☐ Homicide

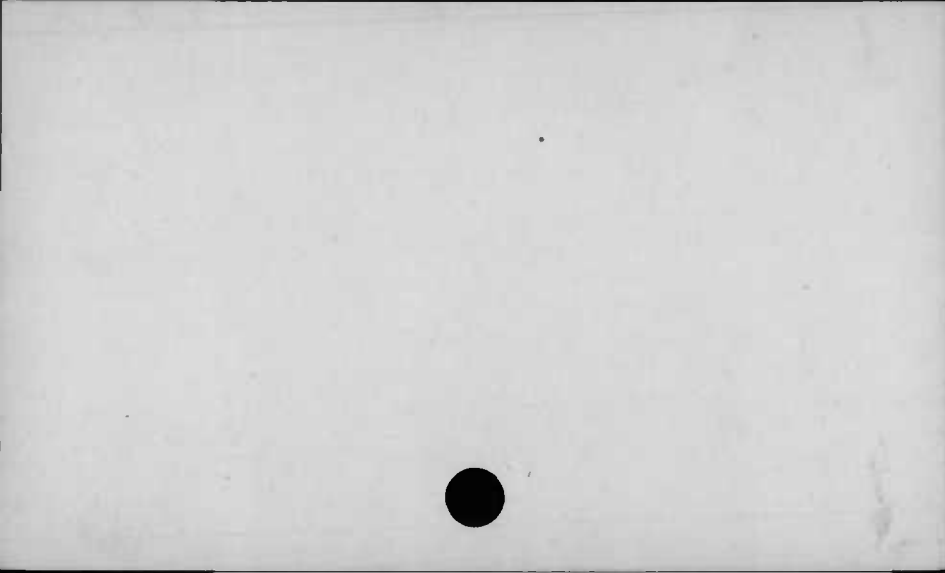
Reported by

W. F. Taylor

Address

Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

~~William Henry~~ A. Washington

Died at ^{Town} Cheltenham ^{County} Prince Georges MARYLAND

Date 1903 ^{Month} 2 ^{Day} 10 ^{Y.} Age 3 weeks ^{M.} ^{D.} ^{Native of} Md. ^{Occupation}

Male ~~White~~ Married ~~Widow~~ Divorced
 Female Colored ~~Single~~ Single Widower Number of children living

Husband of

Wife

Father's Name Harry Washington Mother's Name Lizzie Pinkney

Cause of Primary Pneumonia, How long sick 3 days.
 Death Immediate 93 Accident, Suicide, Homicide

Reported by Leonard Washington.

Address Cheltenham Prince Georges County Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Date 1903

Male

Husband

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

MARYLAND

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

of

~~Wife~~

Name

Maiden Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide



Name
in
Full

Minnie Wright

CERTIFICATE OF DEATH

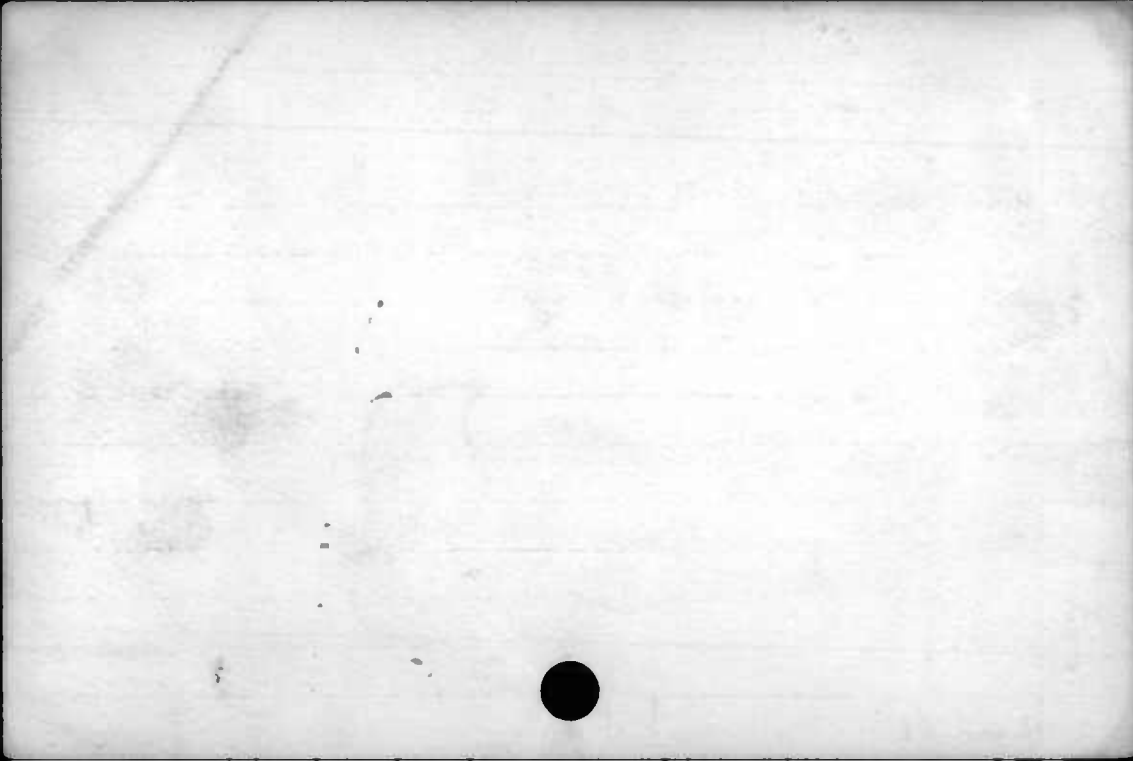
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hyattsville</u> ^{Town}		<u>Prince Geo</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>Feb</u> ^{Month}	<u>3</u> ^{Day}	Age <u>37</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>N. C.</u>		
Married, Single <u>Married</u> or Widowed		Occupation <u>House - wife</u>			
Name of Wife or Husband <u>Robt. Wright</u>					
Father's Name <u>William Blunt</u>				Father's Birthplace	
Mother's Maiden Name <u>Tenia Blunt</u>				Mother's Birthplace	
Name of person giving information <u>Tenia Blunt</u>				How related to deceased <u>Mother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>Three Years</u>
Immediate <u>Exhaustion from Diarrhea</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Charles W. D.</u>
<u>Yes</u>	Address <u>Hyattsville Md</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Town T B County Prince George MARYLAND

Died at T B Date 1903 Feb 21 5 Y. M. D. Age 4 months Ind Occupation

Male White Married Widow Divorced Female Colored Single Widower Number of children living —

Husband of
Wife

Father's Name Albert N. Young Mother's Name Jamie Dora Young

Cause of Death { Primary 95 How long sick one week
Immediate Congestion of Lungs Accident, Suicide, Homicide

Reported by J. H. B. Latimer M D

Address T B.. Prince Georges Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903	Month 2	Day 24	Age 49	Years	Months 9	Days 16	
Sex Female	Color or Race White		Birth-place Woodville				
Married, Single or Widowed Married			Occupation Housewife				
Name of Wife or Husband John W. Young							
Father's Name H. B. B. German				Father's Birthplace Ind			
Mother's Maiden Name Susan Gibson				Mother's Birthplace Ind			
Name of person giving information John W. Young				How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	Five days
Immediate	Heart Failure	How long	Five days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. Morton Bowen	
		Address Aquasco Ind	
Accident or Suicide? No.			

